PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | 101 567006 | | | |
|---|--|---|----------------|---|---------------------|--|------------------------|----|------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | EXAM. FEE | | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = | X \$ 125 = | | İ | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | / / D mi | nus 20 = * | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 4 " | ninus 3 = * | | X \$ 100 = | | OR | X \$ 200 = | 200 |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | • | | + \$ 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | less than zero | o, enter "0" in o | column 2 | TOTAL | | OR | TOTAL | 1100 |
| | | (Column 1) CLAIMS REMAINING | AMENDED | (Column 2) HIGHEST NUMBER | (Column 3) PRESENT | SMALL E | NTITY ADDI- TIONAL | OR | OTHER 1 | NTITY ADDI- |
| AMENDMENT A | | AFTER AMENDMENT | | PREVIOUSLY PAID FOR | | | FEE | | RATE | TIONAL FEE |
| | Total | * | Minus | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | <u> </u> | Minus | *** | <u> -</u> | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| OR FFF | | | | | | | | | FFF | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | IULTIPLE DEP | ENDENT CLAIM | 1 🗌 | + \$ 180 = | | OR | + \$ 360 = | |
| | | TOTAL ADDIT. | | OR | TOTAL ADDIT. FFF | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |